

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000036041

1. Entity Name
WALKER WOODS, INC.



FILED

04 APR 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
129 ROBIN ROAD
ALTAMONTE SPRINGS, FL 32701

Mailing Address
POST OFFICE BOX 496T
ALTAMONTE SPRINGS, FL 32802-496T

2. Principal Place of Business

3. Mailing Address

P.O. Box 4961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, FL

Zip

Country

Zip
32802

Country

USA

03102004

Chg-P

CR2E034 (10/03)

04

4. FEI Number

59-3719779

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA INC
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEPPER, DONNA D
129 ROBIN ROAD
ALTAMONTE SPRINGS, FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PEPPER, DONNA D
129 ROBIN ROAD
ALTAMONTE SPRINGS, FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600035725466
05/06/04--01075--009 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna D. Pepper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

Daytime Phone #

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